## 2024-2025 Lutheran High School Application



STUDENT APPLICANT INFORMATION						
Grade Applying for: 9 10 11 12 (please circle one)  If Resides in Jefferson Parish, Bus Needed: Y or N (please circle one)						
First Name: Last Name: Last Name:						
Date of Birth: S	SSN:			Sex (please circle): M or F		
Home Street Address:						
City: S	tate:			ZIP Code:		
	teligion & Church Membership:			Student Cell:		
Black or African American White				Student Email:		
Native Hawaiian or other Pacific Islander						
STUDENT APPLICANT SO		ORY (Please lis	st last 3 sc	chools / grades attended)		
Current School and Grade: (please list ALL schools attended)						
Previous School:				Grade(s) Attended:		
Previous School:				Grade(s) Attended:		
Previous School:				Grade(s) Attended:		
Previous School:				Grade(s) Attended:		
Has Applicant Ever Been Put on Probation or Dismissed from	Another School:	Y or N (ci	rcle)			
If Yes, Please Explain:						
Does applicant have a history of learning disabilities? Y or N (circle)  If Yes, Please Explain (supply testing and diagnosis paperwork with application):						
Has student ever been seen by a psychologist or a psychiatrist? Y or N (circle).  If yes, please explain. If No, is there anything school should know about this student (behavioral, emotional, etc.):						
HOUSEHOLD INFORMATION: PERTAINS TO ALL LIVING AT STUDENT'S ADDRESS (Parents/Guardians legally Responsible for Student)						
Names and grades of siblings attending LHS (if applicable):						
Parent/ Guardian Name: Relationship to Student:						
Email:	Home Pho	Home Phone:		Cell Phone:		
Employer:	Work Phone:			Position:		
2 <sup>nd</sup> Parent/Guardian Name:		Relation	nship to S	tudent:		
Email:	Home Phone:			Cell Phone:		
Employer:	Work Phone:			Position:		
PARENT OR GUARDIAN NOT LIVING WITH STUDENT (Shares Custody of Student)						
Name:			Relationship to Student:			
Cell Phone:			Employer:			
Street Address:			Position:			
City, State, Zip Code:			Work Phone:			
Home Phone:			Email Address:			

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STUDENT EMERGENCY CONTACT INFORMATION (When Parents/Guardians may not be reached)				
Name:				
Relationship to Student:				
Name:				
Relationship to Student:				
SIGNATURE OF PARENT OR GUARDIAN (I authorize that the information provided is accurate.)				
Signature of Parent or Legal Guardian:	Date:			
Please print name and relationship to applicant:		Responsible for financial obligations of student?		
		Y or N (circle)		
If answered No, please list person who is financially responsible for student:		Relationship to Student:		
TO BE FILLED OUT BY OFFICE ONLY				
If Applicable, Please Circle One:  LA Scholarship ACE ARETE	Scholarship/ACE/ARETE: Verification Documentation Provided? Y or N (circle one)	If Tuition Student, Financing Through Metairie Bank? Y or N (Please circle)		
Bus Address, if different:	Principal Interview: Y or N (circle)	Domiciliary Parent if Applicable:		

Lutheran High School admits students without regard to physical handicap, race, color, gender, national and ethnic origin, or sexual orientation to all the rights, privileges, programs and activities available to students. It does not discriminate in the administration of educational policies, financial aid programs, athletic programs or any other school administered programs.

Please submit this application, along with the application fee of \$225.00 to:

The application fee is not refundable.

Lutheran High School 3864 Seventeenth Street Metairie, LA 70002

Application fee does <u>not</u> apply to students in the LA Scholarship Program.